

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 26.11
TITLE: SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT)

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b)(2)(vii) and (c)(2)(ix)

I. EFFECTIVE DATE

- A. October 14, 1990, for myocardial perfusion imaging.
- B. January 1, 1991, for brain imaging.
- C. October 28, 1996, for ¹¹¹In-Capromab Pendetide, CyT 356 (ProstaScint™).

II. PROCEDURE CODE(S)

78205, 28320, 78464-78465, 78469-78472, 78494-78496, 78607, 78647, 78710, 78803, and 78807.

III. DESCRIPTION

Single photon emission computed tomography (SPECT) is a type of radionuclide scanning. Cross section images (slices) are constructed by a computer from radiation detected by a gamma camera that rotates around the patient who has been injected with a radioisotopic tracer.

IV. POLICY

A. Myocardial perfusion imaging utilizing SPECT may be cost shared for the following indications:

- 1. the diagnosis and management of coronary artery disease (CAD), and
- 2. pharmacologic augmentation of coronary blood flow to evaluate the presence of significant "at risk" myocardium in-patients who are unable to exercise adequately.

B. Brain imaging utilizing ictal SPECT may be cost shared for the presurgical evaluation of seizure disorders.

C. Prostatic radioimmunoscintigraphy imaging utilizing SPECT may be cost-shared for the following indications:

1. metastatic spread of prostate cancer and for use in post-prostatectomy patients in whom there is a high suspicion of undetected cancer recurrence, and
2. newly diagnosed patients with biopsy-proven prostate cancer whom are at high risk for spread of their disease to pelvic lymph nodes.

D. The following radiotracers are authorized for use in SPECT imaging for the above indications:

1. Thallium (201Tl) chloride,
2. Technetium - 99m (99Tc) sestamibi (Cardiolite®),
3. Technetium - 99m (99Tc) teboroximine (Cardiotech®),
4. Technetium - 99m (99Tc) HMPAO (Ceretek®), and
5. ¹¹¹In-Capromab Pendetide, CyT 356 (ProstaScint™).

E. Indium-¹¹¹ for detecting the presence and location of myocardial injury in patients with suspected myocardial infarction.

F. Indium-¹¹¹ labeled anti-TAG72 for tumor recurrence in colorectal and ovarian cancer.

G. Indium ¹¹¹ Pentetreotide (Octreoscan) Scintigraphy is covered for:

1. The localization and monitoring of treatment of primary and metastatic neuroendocrine tumors.
2. Other indications when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

H. SPECT for other indications is covered when documented by reliable evidence as safe, effective, and comparable or superior to standard of care (proven).

V. EXCLUSIONS

SPECT is considered experimental or investigational (unproven) for the following:

1. assessment of cerebrovascular disease, hemorrhagic disease, and arteriovenous malformations,
2. bone scan for evaluation of low back and neck pain,

3. bone scan for lumbar metastases,
4. bone scan for spondylolysis or spondylolisthesis,
5. brain imaging for fibromyalgia,
6. differential diagnosis of symptomatic intracranial masses,
7. differentiation of low-grade and high-grade brain tumors,
8. differentiation of recurrent brain tumor from radionecrosis,
9. guidance of stereotactic biopsy of documented intracranial mass, and
10. monitoring response of treatment in patients with brain tumors.

END OF POLICY